

## WRITTEN COMPLAINT FORM

Credit Union Name: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Union Address: \_\_\_\_\_

The written complaint should contain the following:

- A summary of the facts surrounding your complaint,
- Copies of pertinent documentation concerning your complaint, and
- A statement of the desired resolution of your complaint

Complaint # _____ <i>(For Office Use Only)</i>
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Brief Narrative:

[If more space is needed to complete your narrative, please use the reverse side of this form or attach additional sheets of paper.]

Have you already discussed this with the Credit Union Management? Yes [\_\_\_\_] No [\_\_\_\_]

If so, who? \_\_\_\_\_ When? \_\_\_\_\_

Complainant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Credit Union Account Number: \_\_\_\_\_

When is a good time to contact you concerning this complaint \_\_\_\_\_

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- **THE DIVISION IS NOT AUTHORIZED TO ACT AS A JUDGE OR ATTORNEY IN SETTLING CONTRACT DISPUTES. IF FORMAL LEGAL PROCEEDINGS HAVE BEEN INITIATED AGAINST THE CREDIT UNION, THE DIVISION WILL NOT INTERVENE OR FURTHER PURSUE THE COMPLAINT. THE DIVISION WILL ALSO DECLINE TO PURSUE THE COMPLAINT IF IT HAS BEEN PREVIOUSLY ADJUDICATED.**
- **EMPLOYEES OF THE DIVISION ARE NOT ATTORNEYS AND ARE PROHIBITED FROM PROVIDING LEGAL ADVICE. IF YOU NEED GUIDANCE TO DETERMINE WHAT COURSE OF ACTION TO TAKE, YOU WILL HAVE TO CONSULT WITH YOUR ATTORNEY.**

\*If we do not receive this Form back from you within 45 days from the date on our accompanying letter, we will assume your complaint has been resolved to your satisfaction and we will close our file and take no further action regarding your complaint.